



URBAN DISTRICT OF ROTHWELL



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Sanitary Inspector

(T. WILSON, Cert. S.I.B., A.R.San.I., M.S.I.A., A.M.I.P.C.)

1953

WAKEFIELD :

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ROTHWELL URBAN DISTRICT COUNCIL.

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1953.

Area in acres	...	...	...	10,695
Registrar General's Estimate of Population for 1953				23,990
Number of Inhabited Houses, 1953, according to Rate Book	...	...	...	7,530
Rateable Value, Year commencing 1.4.53			...	£113,082
Net Product of Penny Rate, Year commencing 1.4.53				£438

VITAL STATISTICS IN 1953.

				M	F.	Total
Live Births.						
Legitimate	...	...	...	158	148	306
Illegitimate	...	...	...	4	8	12
			Total	...	162	156
					318	
Still Births.						
Legitimate	...	...	...	6	4	10
Illegitimate	...	...	...	—	—	—
			Total	...	6	4
					10	

Birth Rate.

Birth Rate (live and still) per 1,000 of the estimated resident population	13·7
--	-----	-----	------

Deaths.

			M.	F.	Total
All Ages	219	193
*Death Rate per 1,000 of the estimated resident population			412
					17·7

	M.	F.	Total
Deaths of Infants under 1 year ...	6	3	9
Death Rate of Infants under 1 year :—			
All Infants per 1,000 live births ...			28·3
Legitimate Infants per 1,000 legitimate live births ...			29·4
Illegitimate Infants per 1,000 illegitimate live births			—
Deaths from Diarrhoea (under 2 years of age)			Nil.
Rate per 1,000 population ...	...		—
Rate per 1,000 live births ...	...		—
Deaths from Measles (all ages) ...	...		1
Deaths from Whooping Cough (all ages) ...	...		—
Deaths from Cancer (all ages) ...	...		54

Maternal Mortality.

Deaths ...	...	Nil.
Rate per 1,000 (live and still) births ...	...	—

*District Death Rate.

The Death Rate of 17·7 is based on the total number of deaths occurring in the district, including those at St. George's Hospital. The following figures show the District Death Rate, excluding St. George's Hospital.

Chronic Sick population at St. George's Hospital ...	...	292
No. of Deaths occurring during the year in the Hospital ...	...	148

After subtracting the above from the Urban District figures, the District Death Rate is as follows :—

Crude ...	11·14
Corrected ...	11·47

RECORD OF DEATHS IN AGE GROUPS,

1953.

<i>Age Group</i>				<i>Urban District</i>		<i>St. George's Hospital</i>		<i>Total</i>	
				<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Under 1 year	...			6	3	—	—	6	3
1—5 years	...	...		—	1	—	—	—	1
5—10	„	...	...	3	1	—	—	3	1
10—15	„	...	...	1	—	—	—	1	—
15—20	„	...	...	4	—	—	—	4	—
20—25	„	...	...	3	2	—	—	3	2
25—35	„	...	...	3	1	—	—	3	1
35—45	„	...	...	7	3	1	1	8	4
45—55	„	...	...	14	8	2	4	16	12
55—65	„	...	...	29	13	7	5	36	18
65—70	„	...	...	13	15	4	4	17	19
70—75	„	...	...	16	16	18	13	34	29
75—80	„	...	...	26	20	16	16	42	36
80—85	„	...	...	19	16	10	19	29	35
85—90	„	...	...	8	10	7	15	15	25
Over 90 years...	...			—	3	2	4	2	7
Total				152	112	67	81	219	193

Principal Vital Statistics for the year 1953.

				Rothwell Urban District	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales	
Population	..	..	..	23,990	1,158,200	434,400	1,592,600	*
Births	{	Males	..	162	9,296	3,730	13,026	*	
		Females	..	156	8,499	3,501	12,000	*	
		Total	..	318	17,795	7,231	25,026	*	
Deaths	{	Males	..	219	7,577	2,222	9,799	*	
		Females	..	193	6,885	1,820	8,705	*	
		Total	..	412	14,462	4,402	18,504	*	
Deaths under one year	{	Males	..	7	295	131	426	*	
		Females	..	2	197	110	307	*	
		Total	..	9	492	241	733	*	
Still Births	{	Males	..	6	261	97	358	*	
		Females	..	4	196	79	275	*	
		Total	..	10	457	176	633	*	
Total Live and Still Births				..	328	18,252	7,407	25,659	*
					CRUDE RATES.				
Birth (Live)	..	..	..	13.3	15.4	16.6	15.7	15.5
Death (All causes)	..	..	..	17.2	12.5	9.3	11.6	11.4
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.				..	0.13	0.09	0.07	0.08	*
Tuberculosis—Respiratory				..	0.17	0.17	0.13	0.16	0.18
Tuberculosis—Other				..	—	0.02	0.02	0.02	0.02
Tuberculosis—All Forms				..	0.17	0.19	0.15	0.18	0.20
Cancer				..	2.29	1.99	1.57	1.88	1.99
Vascular lesions of Nervous system				..	5.67	1.96	1.24	1.76	*
Heart and Circulatory				..	4.29	4.63	3.27	4.26	*
Respiratory Diseases				..	1.75	1.39	1.06	1.30	*
Maternal Mortality				..	—	0.38	0.81	0.51	0.76
Infant Mortality				..	28.3	27.6	33.3	29.3	26.8
Stillbirth				..	30.5	25.0	23.8	24.7	22.4

* Figures not available.

All the Maternal Mortality Rates quoted in this Schedule are per 1,000 Live and Still Births.

Rothwell Urban District Council.

ANNUAL REPORT

OF THE

Medical Officer of Health,

1953.

*To the Chairman and Members of the
Rothwell Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

I submit herewith my Annual Report for the year 1953. I intend that this shall follow closely on the lines of its predecessors. The information it contains will, I think, be found to demonstrate a reasonably satisfactory state of health and sanitary circumstance in your district. The problems which we faced last year are with us still and their control is extremely difficult. The most important single factor is the ageing of the population and the difficulty of caring for increasing numbers of elderly and chronic sick persons. I will go into this more fully later in the Report.

You will notice that, at first sight, the Death Rate appears to have taken an alarming upward increase. This is due to the new ruling which enforces the inclusion of deaths in St. George's Hospital in our own local Death Rate. In actual fact, the District Death Rate is slightly decreased on last year.

The Birth Rate remains disappointing, with a slight decrease.

Infectious Disease was of negligible significance during the year. There was no major outbreak of disease, nor any epidemic of food poisoning.

The Report of the Senior Sanitary Inspector deals with matters relating to Cleansing, Salvage, Meat and Food Inspection, etc. Once again, I should like to express my appreciation to Mr. Wilson for his ready co-operation throughout the year.

Once again also, I should like to express my thanks to the Chairman and Members of the Council and, in particular, to the Health Committee. As usual, there was no discord, and relationships remained completely happy.

This Report will include an account of the Divisional Preventive Medical Services administered by the Local Health Authority. I feel that the information is both interesting and useful and although it relates to a rather wider area, it gives an indication of the work being carried out in your own District and amongst your own people.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

COMMENTS ON STATISTICAL DATA.

The slight downward trend in the Birth Rate is disappointing, as is the fact that the Birth Rate in Rothwell is slightly below that of the rest of the Urban Districts in the County. I am still optimistic enough to hope that when the housing position becomes more satisfactory, the encouragement thus given to young married couples may lead to the founding of larger families.

The Infantile Mortality Rate is reasonably low and is comparable with that experienced in the County as a whole. Again, almost all the infantile deaths were neo-natal—that is, occurring in the first month of life—and the causes were in all cases associated with congenital defects.

The corrected Death Rate must be recorded as 17·7. This, however, as already mentioned, includes the deaths occurring in St. George's Infirmary. It will be noted that no fewer than 148 deaths occurred in this Hospital. When these are separated from those occurring in the District, it will be found that the corrected Death Rate relating to inhabitants in your area is reduced to 11·47. This gives a true picture and the information disclosed is considerably more reassuring.

The vast preponderance of deaths is now caused by the degenerative diseases associated with advancing age. Cancer accounted for no fewer than 54 deaths, but it is necessary to point out that the average age at death from this cause was high, and that the increased incidence is due to the fact that people are now living much longer and reach an age when cancer is an increasing possibility.

Maternal Mortality was nil, and the incidence of Puerperal Pyrexia negligible.

To sum up, the position disclosed by the vital statistics contained in this Report may be regarded as reasonably satisfactory.

Causes of Death in the Rothwell Urban District, 1953.

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				219	193
1.	Tuberculosis, respiratory	..	..	3	1
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease ..	..	..	1	..
4.	Diphtheria ..	..	..	..	..
5.	Whooping Cough ..	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles ..	..	..	1	..
9.	Other infective and parasitic diseases	..	..	1	..
10.	Malignant neoplasm, stomach	..	..	7	6
11.	Malignant neoplasm, lung, bronchus	..	..	7	3
12.	Malignant neoplasm, breast ..	..	..	..	2
13.	Malignant neoplasm, uterus ..	..	..	..	3
14.	Other malignant and lymphatic neoplasms	..	..	14	12
15.	Leukaemia, aleukaemia ..	..	..	1	..
16.	Diabetes ..	..	..	1	1
17.	Vascular lesions of nervous system	..	..	59	77
18.	Coronary disease, angina ..	..	..	21	9
19.	Hypertension with heart disease	..	..	1	3
20.	Other heart disease ..	..	..	29	24
21.	Other circulatory disease ..	..	..	8	8
22.	Influenza ..	..	..	..	..
23.	Pneumonia ..	..	..	11	10
24.	Bronchitis ..	..	..	11	8
25.	Other diseases of the respiratory system	..	..	2	..
26.	Ulcer of stomach and duodenum	..	..	4	..
27.	Gastritis, enteritis and diarrhoea	..	..	1	1
28.	Nephritis and nephrosis ..	..	..	1	2
29.	Hyperplasia of prostate ..	..	..	3	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations ..	..	..	1	3
32.	Other defined and ill-defined diseases	..	..	20	15
33.	Motor vehicle accidents ..	..	..	4	1
34.	All other accidents ..	..	..	7	3
35.	Suicide ..	..	..	..	1
36.	Homicide and operations of war	..	..	..	..
Live Births.	Total	..	..	162	156
	Legitimate	..	..	158	148
	Illegitimate	..	..	4	8
Still-Births.	Total	..	..	6	4
	Legitimate	..	..	6	4
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	7	2
	Legitimate	..	..	7	2
	Illegitimate	..	..	..	..
Population				23,990	
Comparability Factors :—					
Births				1'00	
Deaths				1'03	

INFANTILE MORTALITY IN 1953.

Net Deaths from Stated Causes under One year of Age.

CAUSES OF DEATH.			Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Atelectasis, ..	Prematurity. ..	}	2	—	—	—	2	—	—	—	—	2
Atelectasis, ..	Asphyxia. ..	}	1	—	—	—	1	—	—	—	—	1
Prematurity. ..		..	2	—	—	—	2	—	—	—	—	2
Acute Cardiac failure.)	Congenital heart disease.)		—	—	—	—	—	—	—	—	1	1
Asphyxia due to congenital malformation of nose and mouth. ..		..	—	—	1	—	1	—	—	—	—	1
Atelectasis. ..		..	1	—	—	—	1	—	—	—	—	1
Broncho-pneumonia. ..		..	—	—	—	—	—	1	—	—	—	1
Total ..			6	—	1	—	7	1	—	—	1	9

INFANT DEATHS PER THOUSAND LIVE BIRTHS.

1904—1913		1914—1923		1924—1933		1934—1943		1944—1953	
1904	145	1914	120	1924	112	1934	50	1944	40
1905	161	1915	125	1925	72	1935	38	1945	51·7
1906	121	1916	85	1926	74·2	1936	57	1946	56
1907	140	1917	142	1927	65	1937	68	1947	49·6
1908	148	1918	84	1928	71·7	1938	65	1948	38·8
1909	112	1919	61	1929	89·3	1939	42·4	1949	52·7
1910	133	1920	83	1930	31	1940	43	1950	35
1911	116	1921	86	1931	72·2	1941	50·8	1951	21·3
1912	58	1922	90	1932	40·9	1942	37·2	1952	31·7
1913	139	1923	82	1933	77·8	1943	42·2	1953	28·3
Average 127·3		Average 95·8		Average 70·6		Average 49·4		Average 40·5	

Details of STILL-BIRTHS for the past five years.

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births
1949	398	14	3·5
1950	343	5	1·5
1951	328	6	1·8
1952	347	11	3·2
1953	318	10	3·1

Details of NEO-NATAL DEATHS for the past five years.

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1949	398	15	3·8
1950	343	8	2·4
1951	328	4	1·2
1952	347	10	2·9
1953	318	7	2·2

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

Public Health Officers :

Medical Officer of Health (part time):—Dr. A. L. Taylor,
M.D., D.P.H.

Chief Sanitary Inspector :—T. Wilson, Cert. S.I.B., A.R.San.I.,
M.S.I.A., A.M.I.P.C., Certified Meat Inspector, Certified
Smoke Inspector.

Additional Sanitary Inspector :—G. F. Idle, Cert. S I.B.,
A.R.San.I, M.S.I.A., Certified Meat Inspector.

Additional Sanitary Inspector :—K. Manson, Cert. S.I.B.,
Certified Meat Inspector.

Clerk :—Miss L. Peat (*Resigned August, 1953*).
Miss J. Marshall (*Commenced September, 1953*).

The Medical Officer is also appointed to two adjacent County Districts and acts as Divisional Medical Officer for the Local Health Authority in respect of those services administered by the latter.

The West Riding County Council, who are the Local Health Authority, are responsible for the administration of the Part III health services in the area. Division 16, in which Rothwell Urban District is included, has a population of approximately 53,000, divided between three Urban Districts. The Medical Officer of Health of Rothwell is also Divisional Medical Officer and School Medical Officer for the West Riding County Council and is responsible for the day to day administration of all the County Services throughout the Division. Further experience of the Divisional Scheme, as administered in the West Riding, has strengthened my belief in its essential soundness. All local contacts are close and there is very ready interchange of information between the Divisional Medical Officer and his colleagues on Local Authorities. in the Education Service, in general practice, Hospitals and all the closely associated services. The compact size of the Division makes it possible to care

for the public health needs of the community in a manner which would be impossible were the unit appreciably larger. To my knowledge, no trouble has been experienced during the year and I have no indication that any difficulty has been found in bringing to the notice of the Divisional Medical Officer any matters requiring his advice or attention.

Once again, I should like to express my belief that any further delegation to Divisional bodies must, to effect improvement, be accompanied by financial autonomy and by powers of appointing and dismissing staffs locally.

This Report will include an account, mainly statistical, of the work carried out in the health Division in public health services administered by the West Riding County Council. I hope that the information given will prove of interest, and you can rest assured that it gives a faithful picture of the conditions prevailing in the various Local Health Authority services. These are running satisfactorily and no major criticism is possible. The only limitations are those imposed by national conditions and are completely outside the control of local government.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY.

No major changes have occurred during the year. The Divisional Health Office continues to function satisfactorily and the only change in the administrative Staff was caused by the resignation of the Senior Clerk who took up another appointment. He has been replaced by a colleague and the staff recruited by the addition of a new junior.

The Central Clinic, immediately adjacent, continues to serve most satisfactorily as a multi-clinic. The Division is indeed fortunate in its possession of these premises.

The medical staff of the Division consists of the Divisional Medical Officer, and two Assistant County Medical Officers whose duties are mainly clinical. One Health Visitor resigned on taking up an appointment abroad. There were also the resignations of one Midwife and of one Home Nurse. Other workers include a part-time Speech Therapist, a part-time Mental Health Social Worker, and a part-time Orthopaedic Nurse. The Consultant Paediatrician is in attendance each month and an Aural Surgeon is available when his services are needed. The Ophthalmologist pays regular visits and her work is now completely up to-date. The Dental Clinic in Rothwell is in full activity and much good work has been done during the year.

School Medical Service.—The school population of the Division is approximately 7,000. The service is staffed clinically by the two Assistant County Medical Officers and by Health Visitors who act in the capacity of school nurses. The report which will follow will give some indication of the very considerable volume of work carried out during the year. May I remind you that a little mental arithmetic will be necessary to give the approximate figures for your own area. The conditions prevailing throughout the Division, both socially and industrially, are virtually identical and one is quite justified in assuming reasonable uniformity.

I am glad to be able to report that the general health of the child population has been maintained at a high level nutritionally. One can make practically no criticism. It is many years since I saw a case of clinical rickets. Children are sturdy, well-nourished, clear of skin and bright of eye. There is, I am glad to say, now virtually no delay in carrying out any necessary ear, nose or throat operations. Beds are readily available at Seacroft or at Clayton Hospital. This is a great improvement on the state of affairs a year or two ago.

The work of the School Medical Service has been greatly facilitated by the excellent relationship existing between ourselves and the Headmasters and Headmistresses of schools, and the cordial manner in which the Divisional Education Officers respond to any approach. I should like to take this opportunity of expressing my appreciation of the many courtesies which have been experienced during the year.

**MEDICAL INSPECTION OF PUPILS
ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS DURING 1953.**

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	1,078
Second Age Group	...	...	...	928
Third Age Group	...	...	...	511
				2,517

B. Other Inspections.

Number of Special Inspections	...	106
Number of re-inspections	...	356
		462

C. Pupils found to require Treatment.

Group.	For Defective Vision (exclu- ding squint.	For any of the other conditions recorded.	Total individual pupils.
Entrants ...	43	210	253
Second age group ...	85	162	247
Third age group ...	45	88	132
Total ...	173	460	632

**LIST OF DEFECTS
FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1953.**

Defect or Disease.	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requir- ing treat- ment.	Requiring to be kept under observation but not requiring treatment	Requir- ing treat- ment.	Requiring to be kept under observation but not requiring treatment.
Skin	65	100	4	2
Eyes— a. Vision ...	173	60	13	3
b. Squint ...	32	16	2	1
c. Other ...	16	13	—	—
Ears— a. Hearing ...	8	5	1	—
b. Otitis Media	45	4	1	—
c. Other ...	9	4	—	—
Nose or Throat ...	63	124	7	4
Speech	5	16	—	1
Cervical Glands ...	11	87	—	1
Heart and Circulation ...	20	55	1	3
Lungs	38	45	2	1
Developmental—				
a. Hernia ...	1	—	—	—
b. Other ...	4	6	—	—
Orthopaedic—				
a. Posture ...	21	25	—	—
b. Flat foot ...	16	35	—	—
c. Other ...	16	55	—	2
Nervous System—				
a. Epilepsy ...	3	2	—	1
b. Other ...	2	18	2	—
Psychological—				
a. Development	9	4	—	—
b. Stability ...	30	8	3	—
Other	46	26	9	1

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR, IN AGE GROUPS.

Age Groups	Number of pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	1,078	472	43·8	601	55·7	5	0·5
Second Age Group ...	928	394	42·5	529	67·0	5	0·5
Third Age Group ...	511	242	47·3	269	52·7	—	—
Total ...	2,517	1108	44·0	1399	55·6	10	0·4

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the school nurses or other authorised persons ...	15,948
Total number of <i>individual</i> pupils found to be infested	1,001
Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944)	13
Number of individual pupils in respect of whom cleansing orders were issued. Section 54 (3), Education Act, 1944)	1

DISEASES OF THE SKIN (excluding uncleanness).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp ...	—	—
(ii) Body ...	—	—
Scabies	1	—
Impetigo	12	—
Other skin diseases ...	16	—
Total ...	29	—

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of Refraction (including squint) ...	—	446
Total ...	—	446
Number of pupils for whom spectacles were—		
(a) prescribed ...	156	—
(b) obtained ...	148	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear ...	—	4
(b) for adenoids and chronic tonsillitis ...	—	93
(c) for other nose and throat conditions ...	—	8
Received other forms of treatment ...	—	2
Total ...	—	107

ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in Hospitals ...	10	
(b) Number treated otherwise— e.g. in clinics or out-patient departments ...	by the Authority	Otherwise
	39	—

CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ...	14	—

SPEECH THERAPY.

Number of Pupils treated by Speech Therapists ...	Number of cases treated	
	by the Authority	Otherwise
	46	—

OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	137	—
(b) Other :—		
1. Ultra Violet Light ...	127	—
2. Paediatric ...	—	28
3. Surgical ...	—	39
4. Dermatology ...	—	4
Total ...	264	71

CONSULTANT E.N.T. SERVICE.

Consultant Clinic.

Number of sessions held during the year ... 1

	Pre-School children	School children
No. of individual children seen by Consultant including those continuing attendance from previous year ...	2	15
No. of above referred for operative treatment ...	2	8
No. of children—		
(a) who obtained operative treatment during the year ...	2	7
(b) treated at school clinics ...	—	—
Total number of attendances at consultant clinic ...	2	15

CONSULTANT ORTHOPAEDIC SERVICE.

A. Consultant Clinic.

No. of Sessions held during the year	...	...	11
	Pre-school children	School children	
No. of individual patients seen by Consultant, including those continuing attendance from previous year	6	13	...
No. of above :—			
(a) referred for operative treatment as short-stay cases only	—	—	...
(b) recommended long-stay hospital school	—	—	
(c) recommended treatment by orthopaedic nurse or physiotherapist :—			
(i) at treatment centres	—	2	...
(ii) domiciliary	—	2	...
No. of children who obtained operative treatment during the year	—	—	...
Total number of attendances at the Consultant clinic	6	15	...

B. Treatment Centres.

No. of Sessions held during the year	...	...	46
	Pre-school children	School children	
Total number of patients treated (including cases continuing treatment from previous year)	7	39	...
Total number of attendances	40	266	...

C. Domiciliary Treatment.

	Pre-school children	School children
Total number treated	—	21
Total number of visits to patients' homes	—	38

D. Appliances.

	Pre-school children	School children
Number of appliances :—		
(a) recommended	—	—
(b) obtained	—	—

PAEDIATRIC SERVICE.**Consultant Clinics.**

Number of sessions held during year 12

	Pre-school children	School children
Number of individual patients seen . .	13	30
Total number of attendances at clinics ...	28	53

SPEECH THERAPY.

Clinic.

Total number of sessions held during year ... 118

	Stammers	Speech Defects
No. of new cases treated during year ...	4	21
No. of cases already attending for treatment from previous year ...	12	9
Total number of cases treated ...	16	30
No. of cases discharged during year :—		
(a) Speech normal ...	6	9
(b) Unsuitable for treatment ...	—	3
(c) Left school ...	2	—
(d) By reason of non-attendance ...	—	—
(e) Other reasons ...	1	1
No. of cases awaiting treatment at end of year ...	—	—
No. of visits made to schools ...	14	14
No. of home visits ...	2	47

DIPHTHERIA IMMUNISATION.

Immunisation carried out during the year (being a summary of the half-yearly returns required by the Ministry of Health).

	Age at final injection							Total
	Under 1	1	2	3	4	5 to 9	10 to 14	
No. of children who completed a full course of primary immunisation (including temporary residents) ...	331	128	16	11	9	148	28	671
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	—	—	—	6	526	161	693

Immunisation in relation to Child Population.

Number of children at 31st December, 1953, who had completed a course of immunisation *at any time* since 1st January, 1939.

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1—4 1952-1949	5—9 1948-1944	10—14 1943-1939	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1949—1953 ...	48	1,945	2,573	2,172	6,738
B. 1948 or earlier	—	—	1,525	930	2,455

WHOOPING COUGH IMMUNISATION.

A. Immunisation carried out during the year.

Age at Final injection	Number of children who completed full course of immunisation
Under 6 months ...	10
6 months to one year ...	256
1—2 years ...	114
2—3 years ...	26
3—4 years ...	26
Total ...	432

B. Immunisation in relation to Child Population.

Number of children at 31st December, 1953, who had completed a course of immunisation at any time before that date :—

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1 1952	2 1951	3 1950	4 1949	5 1948	Total
Number immunised ...	55	304	111	52	25	7	554

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES.

No. of examinations carried out during the year ... 33

DOMICILIARY NURSING SERVICES

Health Visiting.—Following recent trends, there has been a still further widening of the scope of the Health Visitors' work. This is an exacting branch of the Nursing service. The Health Visitor is able to advise on many problems and her work is becoming increasingly recognised. The whole range of Tuberculosis visiting is now carried out by Health Visitors with the exception of a very small part of the Divisional area. School nursing is another branch of the work undertaken by Health Visitors and her knowledge of the family and background of children is of enormous help to all concerned. Efforts are being made to increase co-operation between the family doctor and the Health Visitor. Often this is a matter of personal relationship, but one can envisage a much closer working association when measures now under consideration are put into effect.

This should result in an all round gain and should benefit very greatly families needing special care and attention.

Home Nursing.—The trend here is of increased work, largely, of course, due to the ageing population and the increasing number of infirm and chronic sick patients who must stay at home. During the year, the Relief Home Nurse resigned, but we have been fortunate in securing the services of two first class nurses who will undertake holiday and routine relief work throughout the Division. I am particularly glad to be able to record this as there was a danger that some members of the Home Nursing staff would become rather badly overloaded. This can now be avoided. The scope of the Home Nurse's duty tends to increase and I am glad to record that a very close relationship between her and the family doctor is existing and strengthening.

Midwifery Service.—For some years now, approximately 50 per cent. of all births have taken place in Maternity Homes or Hospitals. There is no sign of change and no diminution in the demand for Institutional accommodation. Thus, the case load for the Midwives in this Division has tended to remain at a low level. During the year one Midwife resigned and one went absent from duty. In spite of this, the work was adequately maintained and I think it possible that we shall find our present working number of six Midwives and one Relief to be quite adequate to cover the amount of domiciliary midwifery nursing. Relationships with Hospitals and with family doctors were extremely good throughout the year and no friction whatever occurred.

Home Help Service.—This very important branch of the public health service increased considerably during the year. Indeed towards the end of the year it was necessary to make a re-assessment of many cases because the number of hours permitted was being exceeded throughout the Division. It is necessary to remember that when dealing with aged, infirm, or chronic sick recipients of Home Help, periods of months, or even years, must be envisaged. Needs tend to increase in individual cases and it is impossible to withdraw help without causing very considerable hardship. Very careful pruning has been necessary and a glance at the table showing the number of cases receiving help will indicate the complexity of the problem. The vast bulk of cases are those of elderly or infirm persons. It is far better that they should be maintained in reasonable comfort in their own homes, than they should be allowed to fall into neglect and ultimately be driven to seek institutional accommodation. I am glad to record that the cases of abuse which at first occurred with distressing regularity, are now diminishing markedly and it is rare to find that there has been any misuse of the Service.

DOMESTIC HELPS.

Authorised Divisional Establishment—

(i)	Basic	...	...	...	23
(ii)	From Reserve Pool	...	...	...	—
					—
(iii)	Total	...	...	...	23
					—

Number of Domestic Helps employed at 31st December, 1953—

(i)	Whole-time	...	...	...	—
(ii)	Part-time	...	...	...	47
					—
(iii)	Total	...	...	...	47
					—

Cases provided with Domestic Help during year ended 31st December, 1953—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	43	3,193
(ii) Tuberculosis	3	400
(iii) Chronic sick, including aged and infirm	181	47,182 $\frac{3}{4}$
(iv) Others	23	1,413 $\frac{1}{2}$
Total ...	250	52,189 $\frac{1}{4}$

Employment :—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1953 \div 2288 (52 weeks \times 44 hours).

No. of home helps that could have been employed full time.

= 22.8 Home Helps.

VACCINATION AND IMMUNISATION.

One can record with sober satisfaction that immunisation against Diphtheria has been maintained at a reasonably satisfactory level. There was, at one time, an indication of a certain amount of parental apathy, but this has been overcome to a great extent and parents are having children protected as a routine, either in the clinics or by their own medical practitioners. This is a very satisfactory state of affairs and the continued absence of any case of Diphtheria is a very happy reward for the efforts of all concerned. Reinforcing injections have been given to a very considerable number of school-children and this service will be continued each year. No special publicity campaign was undertaken, and I still pin my faith on the day to day efforts of Health Visitors in securing the co-operation of parents.

Vaccination against Smallpox showed a welcome improvement on 1952. This may have been due partly to the outbreak of Smallpox in another part of the Riding. The modern technique is so satisfactory and so completely devoid of risk or complication that there is really no reason for parents to withhold their consent. The great value of infant vaccination is the fact that should the child be exposed to risk in adult life, he or she can be re-vaccinated with no trouble and with absolutely no risk or disability. I hope that the present improvement in acceptance will be maintained and extended.

VACCINATION AGAINST SMALLPOX.

Number of Persons Vaccinated or re-vaccinated
during the Year.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	333	60	174	1096	943	2606
Number Re-Vaccinated ...	—	—	1	354	1047	1402

Whooping Cough Immunisation is now universally accepted as a routine procedure. In agreement with the Ministry, no special publicity has been given. Whooping

Cough protection has been given to the children of all mothers requesting it and the fact that during the year no fewer than 432 children were immunised is sufficient indication of the enthusiasm shown by the parents for this very important measure. It is yet too early to evaluate satisfactorily the results of immunisation. All observers, however, agree that a very considerable measure of protection is afforded and that immunisation against Whooping Cough should be offered to all young children.

During 1954, it is hoped to offer protection against Tuberculosis to children in the 13—14 year old age group. This protection will take the form of B.C.G. Vaccination, a measure which has been in use for a considerable number of years in some Continental countries. Vaccination, will of course, be entirely voluntary, and will only be carried out after very careful preliminary tests to determine its necessity. It is hoped that the protection thus afforded will diminish very markedly the incidence of those tragic cases of overwhelming tuberculous infection which occur all too frequently in adolescents or young adults. In my Report next year I hope to give you a much fuller account of this procedure.

CLINIC PROVISION IN THE ROTHWELL URBAN DISTRICT.

No major changes occurred during the year. I am sorry to say it has not yet been found possible to re-open Stourton Welfare Clinic or to provide one at Thorpe. In each case, however, there is genuine reason for hope. At Thorpe, efforts are being made to secure the tenancy of premises recently built by the local Women's Institute. At Stourton it is possible that the Day Nursery may be closed and that the premises may become available for Child Welfare purposes. I hope, in my next Report, to be able to give you details of a satisfactory outcome. During the year the tenancy of the Miners' Welfare premises at Methley was terminated, but with the help and co-operation of Rothwell Urban District Council, alternative accommodation was made available nearby. This is proving a very satisfactory alternative and no hardship has been caused.

Child Welfare Clinics are held weekly at Rothwell, Methley, Oulton and Lofthouse. In the Oulton district, considerable new building has occurred and attendances are increasing; at all other Clinics attendances have been satisfactorily maintained.

Ante-Natal Clinics are held twice weekly at Rothwell and fortnightly at Methley. Attendances still continue to be very low due to causes already enumerated. The main thing is that all mothers needing Ante-Natal attention should be adequately provided with facilities. I believe that the standard of ante-natal care provided by family doctors, the Hospital services and the Local Authority services have never been higher.

Relaxation Classes are held at Rothwell and are gaining in popularity. Many local general practitioners refer their patients to the Clinic for blood samples to be taken. This service is gladly rendered and reports are supplied.

Ultra Violet Light Clinics are held three times weekly and are well attended. Benefits to the children are, in many cases, obvious and there is a steady pressure from mothers for this service to be given to their children.

Consultant Clinics.—These are held at the Central Clinic, Rothwell, and there have been no changes since last year.

Ophthalmic Clinics are held two or three times monthly according to need. The work is absolutely up to date, and there is now no delay in the provision of glasses.

Dr. J. D. Pickup holds a Paediatric Consultant Clinic once a month. His services are very much appreciated and he is increasingly consulted by general practitioners in the area. Cases under his care are, if necessary, admitted to beds in Wakefield for observation or treatment.

Ear, Nose and Throat work is now completely up to date and again there is very little waiting. So easy is it for children to be seen in Hospitals that it has not been necessary to hold frequent Ear, Nose and Throat clinic sessions at Rothwell. At the same time, Mr. Lord, Consultant Aural Surgeon, is available and attends if necessary.

An Orthopaedic Clinic was held weekly during the year and remedial exercises were carried out under the supervision of a specially trained Orthopaedic Nurse. The very few cases needing surgical intervention or advice were referred to the Orthopaedic Surgeon at Pinderfields Hospital.

A Speech Therapy Clinic is held on one whole day and one half day each week. It is reasonably well attended, though some dislocation is caused by broken appointments.

Dr. MacTaggart sees mal-adjusted children at the Child Guidance Clinic at Wakefield and her reports are helpful and up to date.

A review of Clinic provision in your district leads one to the conclusion that the services are adequate with the exception of the need which undoubtedly exists in the Stourton and Thorpe areas. There is, in my opinion, no justification for the construction of new special premises and the existing Central Clinic is adequate for all present needs.

DAY NURSERY.

As already mentioned, there is a possibility that Stourton Day Nursery will be closed in the near future. In fact, Ministry permission to take this step is being awaited. My own feeling is that no hardship will be caused. The numbers of children needing admission have continued to fall and careful analysis shows that only some 5 or 6 children at present in attendance really need Day Nursery accommodation on social or economic grounds. The Nursery has been completely free from epidemic disease throughout the year and has been efficiently run under the care of the Matron and her Staff.

AMBULANCE SERVICE.

This important and much used service has now settled down to a mature and steady level of efficiency. I am glad to reiterate my tribute to the kindness and co-operation extended by the Chief Ambulance Officer and his Divisional Officers. It is pleasant to be able to make personal contact should any difficulty or complication arise, and to know that one's views will be given a sympathetic hearing and one's difficulties considered and met wherever possible. No serious complaint has arisen and there is some evidence of a diminution of abuse of the service.

LABORATORY FACILITIES.

The laboratory at Wakefield, under the administrative control of Dr. Findlay, has rendered yeoman service throughout the year. Here again, one feels very strongly the advantage of being able to make personal contact and undertake discussions on cases requiring bacteriological investigation. The service is most efficiently run and everyone concerned is extremely helpful.

MILK SAMPLES.

Under the Food and Drugs Act, milk samples are submitted to the County Analyst at Halifax, as are also samples of Foodstuffs. Samples of water are submitted to the Analyst at Bradford.

HOSPITAL PROVISION.

There has been some slight improvement during the year in the admission of chronic sick cases. This, I feel, is very largely due to the valuable work carried out by Dr. Rosenthal, the Geriatric Consultant. His positive approach to the problem of the elderly and chronic sick patient has resulted in a much more rapid turn-over of bed occupation. Many cases are now able to return to their homes after they have been rehabilitated in Hospital. The position is still extremely difficult due to no fault on the part of the Hospital Authority. The ageing of the population makes an increase in the incidence of chronic sickness inevitable. It is pleasant to record a very close and friendly co-operation with general practitioners in the area in connection with this aspect of social need. There is a very high standard of restraint in seeking accommodation for this class of patient and no instance has occurred during the year of any undue insistence in trying to obtain the admission of a patient who could be nursed satisfactorily at home.

Your area is most fortunately situated in relation to Infectious Diseases hospital provision. At Seacroft, there is one of the most up-to-date Fever Hospitals in the country, and no case needing admission is ever refused. Here again, co-operation is extremely good, and reports regarding diagnosis and treatment are meticulously sent to family doctor and to Local Authority alike. Occasional cases are admitted to the Wakefield Hospital at Snapethorpe and here again, provision is adequate and clinical treatment up to date. The needs of your District are, as already stated, extremely well met and there is no evidence at all to suggest that the closing of the Rothwell Fever Hospital has resulted in any diminution of standards.

General Hospitals.—Acute medical and surgical cases are admitted to Leeds or Wakefield Hospitals without delay or difficulty. Our geographical situation in this respect is a very fortunate one, and provision is adequate.

Maternity Home accommodation is available for all mothers needing such provision on social grounds. Cases presenting no obstetrical abnormality are admitted to Wakefield General Hospital, Manyates Maternity Hospital or Walton Hall Maternity Home. Abnormal cases are admitted mainly to Wakefield General Hospital or to Manyates, but

accommodation is available at Leeds Maternity Hospital, and a number of cases have been admitted to the latter during the year. Approximately 50 per cent. of all births now take place in Maternity Homes or Hospitals. Here again I should like to acknowledge the co-operation which exists between the Maternity Hospital Service and the Local Authority. There is a free exchange of information and relationships have been of the happiest.

The over-all picture is of generally adequate hospital provision in the area. An increase in the number of beds for chronic sick is very desirable and I know that consideration is being given to this part of the Hospital Service.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE ROTHWELL URBAN DISTRICT.

Following the pattern of recent years, the incidence of Infectious Disease has been slight.

Diphtheria.—No case occurred during the year.

Scarlet Fever.—37 cases were notified, of whom 10 were admitted to Hospital at the request of the family doctor. Scarlet Fever continues very mild in type. Indeed, so mild has it become that it is increasingly difficult to enforce adequate isolation or nursing of patients. In this lies a certain amount of danger. Although the clinical severity is, at the moment, slight, there is in every case a risk of more serious complications of which acute rheumatism is one, and one feels that some cases would benefit by a more rigorous régime of nursing. At the same time, it is only fair to say that no instance has come to light where permanent damage has occurred. The present mildness of Scarlet Fever is a phenomenon which has been noted in the past. One must be on guard against a return of the more serious type of Scarlet Fever and one must deplore to some extent a tendency to laxity in the treatment and notification of the disease.

Poliomyelitis (Infantile Paralysis).—No case occurred in this District during the year.

Puerperal Pyrexia.—Only one notification was received and the illness was of mild type.

Whooping Cough.—There was an increase in prevalence of this disease, and it is yet too early to give an accurate account of the results of vaccination against the disease. I expect a period of two or three years to elapse before the full value of widespread vaccination becomes apparent. Meanwhile, Whooping Cough remains a distressing disease liable to serious complications and actually menacing life in young infants. Serious cases, if necessary, are admitted to Hospital, but it was only thought necessary to take this step in two cases out of almost 200 occurring in your District. No death was attributed to the disease.

Measles.—There was a moderately heavy incidence and one death occurred. There is yet no sign of any specific protection against Measles, and the only measures which can be taken relate to the segregation of cases and the avoidance of contacts, especially in the case of very young babies, to whom the disease is always a potentially serious menace.

Pneumonia.—Moderately prevalent during the year, a considerable number of cases occurring in the older age groups. The newer anti-biotic drugs are very effective in many cases and cut down the duration of illness.

Food Poisoning.—16 cases were notified, but 10 of these occurred in a local Chronic Sick Hospital and were of very slight severity. The continued absence of food poisoning in your District is gratifying and reflects the high standard of hygiene and care observed by the canteen staffs at schools and in factories. During the year, talks on food handling and hygiene have been given to various staffs and appear to have been much appreciated.

Dysentery.—This year only one case of Sonné Dysentery was notified and there was no known major outbreak of the disease. Nevertheless, Sonné Dysentery is known to be endemic in the population and sporadic cases must occur from time to time without coming to the notice of the Public Health Authority. Control of this disease is extremely difficult and the chain of infection is almost impossible to break.

Tuberculosis.—One must survey this field of infectious disease with mixed feelings. On the credit side is a complete

absence of non-pulmonary tuberculosis. One is justified in attributing this immunity to the almost universal use of pasteurised or tuberculin tested milk. This very important social measure has, without doubt, been largely instrumental in virtually eliminating bovine tubercle in the child population.

Pulmonary tuberculosis still remains an important and menacing factor. The number of new cases coming to light shows, at the present time, no sign of diminishing. At the same time, the outlook for any individual case has improved very considerably as a result of recent advances both in medical and surgical treatment. The Chest Physicians both at Chest Clinics and in Sanatoria are doing extremely valuable work and one is bound to feel optimistic as to the ultimate outcome from a community point of view.

During 1954, B.C.G. vaccination will be introduced to the community on a mass scale. It is intended to offer this protection to a selected age group of children. If parental consent is given, preliminary skin tests will be carried out and vaccination performed on children whose reactions justify this measure. There is absolutely no risk to the child, the procedure is painless and complications are practically unknown. Whilst it is not claimed that universal B.C.G. will eliminate tuberculosis from the community, it is felt, and there is a considerable volume of evidence available from certain Continental countries, that vaccination of selected groups of children will do much to eliminate the overwhelming and sudden type of pulmonary tubercle which is instrumental in causing so many deaths in the adolescent and young adult age groups.

Tuberculosis represents a real and urgent challenge to preventive medicine. There is need to take every practicable step in its prevention and control. I am glad to record my appreciation of the sympathy and consideration given by your Housing Committee to requests for priority re-housing in certain cases of pulmonary tubercle requiring improved accommodation. For my part, I have endeavoured to exercise restraint in view of the over-all housing shortage. Only infectious cases needing separate bedroom accommodation have been put forward for priority consideration. The Chest Physicians are extremely appreciative of the understanding attitude displayed by your Council. I should like to add my own word of thanks.

Venereal Diseases.—Venereal Diseases have been, so far as one can tell, almost completely absent. In fact, the Venereologists are rapidly putting themselves out of work. This is a certain sign of successful activity and represents the highest form of preventive medicine. No new case came to light during the year.

Enteric Fever.—No case occurred during 1953.

Infestations.—No adult case was notified during the year.

Pediculosis in school children was confined to a small but well-known group of families. Some particularly persistent offenders were subjected to pressure to ensure that their children's heads were kept clean. I am glad to report that success in ensuring freedom from infestation was recorded in every case. Re-infestation, however, must be anticipated in certain families and very great vigilance is necessary in school to keep this nuisance under control. With the insecticides now available there is absolutely no excuse for verminous heads. In the interests of the child population, I am determined to take every possible means to eradicate infestation. May I add that the vast majority of children are clean in person and clothing and are well cared for.

Scabies.—No notification was received. I have no knowledge of any incidence of this condition in your District during the year.

TUBERCULOSIS.

Record of Cases during 1953.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	61	50	14	6
No. of cases notified for first time during year	5	10	—	—
No. of cases restored to Register ...	1	1	—	—
No. of cases added to Register otherwise than by notification ...	2	1	—	—
No. removed to other districts ...	—	4	—	—
No. Recovered ...	1	—	—	2
No. died from the Disease ..	3	1	—	—
No. died from other causes ...	—	2	—	—
No. Removed from Register :— Revised diagnosis ...	—	2	—	—
No. of cases on Register at end of year ...	65	53	14	4

TUBERCULOSIS.

New Cases and Mortality during 1953.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	—	—	—	—	—	—
5—10 „ ...	—	—	—	—	—	—	—	—
10—15 „ ...	—	1	—	—	—	—	—	—
15—20 „ ...	1	—	—	—	—	—	—	—
20—25 „ ...	—	3	—	—	—	—	—	—
25—35 „ ...	—	1	—	—	—	—	—	—
35—45 „ ...	—	1	—	—	1	1	—	—
45—55 „ ...	—	3	—	—	—	—	—	—
55—65 „ ...	3	1	—	—	1	—	—	—
over 65 years ...	1	—	—	—	1	—	—	—
Age unknown ...	—	—	—	—	—	—	—	—
Totals ...	5	10	—	—	3	1	—	—

TUBERCULOSIS

(New Cases and Mortality) since 1934.

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1934	...	...	13	7	4	—
1935	...	...	11	6	6	—
1936	...	...	9	1	7	2
1937	...	...	13	11	9	—
1938	...	...	18	17	12	5
1939	...	...	24	11	10	4
1940	...	...	19	3	11	1
1941	...	...	22	12	10	2
1942	...	...	23	4	11	4
1943	...	...	24	7	9	—
1944	...	...	21	10	12	2
1945	...	...	21	5	11	1
1946	...	...	28	9	7	3
1947	...	...	16	5	8	—
1948	...	...	22	3	11	2
1949	...	...	25	2	11	2
1950	...	...	27	3	5	2
1951	...	...	18	3	8	1
1952	...	...	18	1	3	1
1953	...	...	15	—	4	—

Cases of Notified Infectious Diseases in Age Groups (excluding Tuberculosis)

Disease.	Under 1 year		1-3 years		3-5 years		5-10 years		10-15 years		15-25 years		25-45 years		45-65 years		over 65 years		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	..	..	3	2	12	7	3	8	1	..	1	..	..	..	..	..	..	20	17	..
Diphtheria ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever(including Paratyphoid)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia ..	1	1	..	..	..	1	3	1	1	..	2	..	6	1	7	7	9	29	18	..
Puerperal Pyrexia ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Acute Anterior Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Anterior Encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infection	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	..	..	..	..	1	..	..	..	..	1	1	1	2	..	2	9	2	8	15	..
Whooping Cough ..	9	2	17	15	34	39	37	43	..	2	..	..	..	..	..	..	..	97	101	..
Measles ..	4	3	31	24	38	37	46	30	9	5	1	1	..	..	..	..	129	100	..	..
Sonné Dysentery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Food Poisoning ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	4	..	1	15	..
Totals ..	14	6	51	41	85	84	89	82	11	8	5	3	9	2	9	21	11	284	268	..

Cases of Notified Infectious Diseases (excluding
Tuberculosis) admitted to Hospital.

Disease.	No. Notified	No. admitted to Hospital
Smallpox 	—	—
Scarlet Fever 	37	10
Diphtheria 	—	—
Enteric Fever (incl. Paratyphoid) ...	—	—
Pneumonia 	47	3
Puerperal Pyrexia 	1	—
Acute Anterior Poliomyelitis ...	—	—
Acute Anterior Encephalitis ...	—	—
Meningococcal Infection	—	—
Ophthalmia Neonatorum	—	—
Erysipelas 	23	1
Whooping Cough 	198	2
Measles 	229	16
Sonné Dysentery 	1	—
Food Poisoning	16	—
Observation 	—	1
Totals	552	33

HOUSING.

During 1953, 116 permanent type houses were completed in the Rothwell District. This is a very satisfactory improvement on the previous year but is largely the result of the very considerable time, care and expenditure on essential site preparation during 1952. Rothwell has been fortunate—and enterprising—in securing two admirable sites, both reasonably centrally situated, both on upland land, with easy access to the centre of the community. These sites are now being developed rapidly and when completed should go far in solving the problem of new housing accommodation. A further amelioration of the housing position may be expected when the new estate built by the National Coal Board at Oulton comes into general use. It is to be expected that at any rate a proportion of the houses built there will be let to miners who are at present part of our population.

At long last, official Ministry sanction has been given to Slum Clearance. All must welcome this long delayed measure which is in accordance with the opinions held by the vast majority of Medical Officers of Health. It is slightly damping, however, to realise that the amount of slum clearance which can be carried out must be related to the total number of new houses allocated for this purpose. When one bears in mind the still enormous waiting list for new houses, one can appreciate how difficult it is going to be to persuade Local Authorities to allocate more than a moderate percentage to the inhabitants of Clearance Areas. Thus, though many houses exist in your District which can only satisfactorily be treated as Clearance Areas, the speed at which the work can be carried out will depend entirely on the allocation of new houses which your Authority gives. At any rate, the principle is again in being and one can view the future with increasing hope.

Meanwhile, old property continues to dilapidate at an alarming rate. One wonders whether the new Act encouraging the repair and improvement of older properties under rigid safeguards will hold out sufficient encouragement to hard pressed landlords. Admittedly, the problem is a very thorny one and which ever side one looks one can see many difficulties.

The over-all picture is one of increasing hope and if present progress is maintained the hard core of slum housing should be disposed of within the next 8 or 10 years.

Priority re-housing on grounds of health remains a difficult question. I am convinced that your Council are following the right lines in allocating priority only to cases of infectious pulmonary tuberculosis where the sufferer cannot be segregated in a separate room in his existing accommodation. Even so, one

must approach this problem with very great caution. Cases unfortunately occur where a complete disregard of responsibility is shown by the sufferer. Thus marriages are contracted at a very early age where the existence of tuberculosis is already known. Further than this, children are brought into the world often with a complete disregard on the part of parents or in-laws for the circumstances in which they will be forced to live. It is possible to state, however, that no deserving case has failed to receive the fullest possible consideration from all concerned.

I should like to repeat my remarks of last year about the need for houses of two bedrooms and for an increased number of houses suitable for the accommodation of elderly persons. In many cases, one bedroom would be sufficient and would secure very great economies. I know this factor is already well in mind and that the possibility of additional provision of this type is being given full thought.

Number of dwelling houses in the District ... 7,530.

Number of back-to-back houses included in above 410.

1. **Inspection of Dwelling Houses during the year :—**

1(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 1,047

(b) Number of Inspections made for the purpose ... 2,365

2(a) Number of dwelling houses (included under sub-head 1 above), which were inspected and recorded under the Housing Consolidated Regulations ... 173

(b) Number of Inspections made for the purpose ... 533

3. **Number of dwelling-houses needing further action :—**

(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 16

(b) Number (excluding those in sub-head 3(a) above) found not to be in all respects reasonably fit for human habitation ... Nil

2. **Remedy of Defects during the Year without Service of Formal Notice.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 86

3. Action under Statutory Powers during the Year.

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	32
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	23
(b) By Local Authority	Nil

B. Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	133
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	99
(b) By Local Authority in default of owners	1

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

1. Number of representations etc. made in respect of dwelling-houses unfit for habitation	16
2. Number of dwelling-houses in respect of which Demolition Orders were made	13
3. Number of dwelling-houses demolished in pursuance of Demolition Orders	12

D. Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	Nil

New Houses.

5. Number of new houses provided during the year :—

By the Local Authority :—

Permanent type	116
Temporary type	Nil.
By Private Enterprise	26

6. Housing Act, 1949.

Any action in connection with Section 20, “Grants to persons other than local authori- ties for improvements of housing accommoda- tion”	None
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SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. No difficulties regarding water supply were experienced during the year. The very high standard and quality of the water in this area is one of the more fortunate circumstances. By arrangement with surrounding Authorities, water is obtained as follows:—

Leeds Corporation	...	...	278,058,000 gallons
Morley Corporation	...	...	23,305,000 „
Wakefield Corporation	...	...	35,779,000 „
			<hr/>
			337,142,000 „
			<hr/>

Of this quantity, 158,129,000 gallons were used for trade purposes and the balance of 179,013,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 20·2 gallons and for trade purposes 17·6 gallons.

Regular bacteriological examinations and chemical analyses were made throughout the year, samples being taken in all parts of the district. The water is without Plumbo-Solvent action.

Only one stand-pipe is still in use, two having been discontinued and mains water supplied to the houses concerned.

The following chemical and bacteriological reports are typical of those taken throughout the year:—

Chemical Analysis—			Parts per million—
Total Solids	...	...	120
Chloride	...	...	16
Nitrite	...	...	Nil
Nitrate	...	...	0·37
Free Ammonia	...	...	0·01
Albuminoid Ammonia	...	...	0·04
Poisonous Metals	...	...	Nil
Total Hardness	...	...	52
pH	...	...	7·0

This water is of satisfactory organic quality.

Bacteriological Test—			Parts per million—
No. of organisms per 1 cc. after 3 days @ 20—22°C.	...	...	200
No. of organisms per 1 cc. after 2 days @ 37°C.	...	...	10
Bacillus Coli-Aerogenes, No. per 100 ccs.	...	...	Less than 1

This is a Class 1 water.

SEWAGE DISPOSAL.

During 1953, all the difficulties associated with the new sewer through Rothwell Park appear to have been cleared up satisfactorily. No complaint has arisen and it is possible to regard this major undertaking as satisfactorily completed. The Sewage Works at Lemonroyd are up to date and functioning very satisfactorily. Not so that in the Methley area which is becoming an increasing menace to the amenities of the District. Mining subsidence has added to difficulties in this area and has caused a very great dislocation along virtually the whole length of the Methley sewer. Every effort to secure sanction for the re-laying of this sewer has been made. Repeated delays and frustrations have added to the exasperation of the local inhabitants and to the ultimate cost of the scheme. This has become a vitally urgent necessity and it is now considered likely that the work will be begun during 1954.

Some scheme will have to be undertaken to cut out altogether the now almost useless Methley Sewage Works and to convey the sewage to the Lemonroyd Works where it can be adequately dealt with. This will, of course, be a major task, both in the engineering and the financial sense. However this be, it is absolutely essential to press on with a scheme and no effort must be spared to secure the necessary authority.

Rivers and Streams.—No action was necessary during the year, but the effluent from the Methley Works cannot be considered satisfactory and some approach by the Rivers Board must be considered inevitable.

Closet Accommodation.—**Public Cleansing.**—These matters are dealt with in the Sanitary Inspector's Report.

Shops and Offices.—Routine inspection has been carried out during the year. No statutory action has been found necessary.

Camping Sites —See Sanitary Inspector's Report.

Swimming Baths and Pools.—No public baths in this area.

Bed Bug Disinfestation.—Routine disinfestation is carried out in relation to all occupants of new Council houses where necessary. Satisfactory results are obtained from the use of Gammexane and D D.T.

Factories and Workshops.—Parts 1 and 8 of the Act fall within the scope of administration of this Authority. I give below a table showing particulars of the numbers of Outworkers in this area and it will be noted that no special action has been necessary. Routine inspections have been carried out during the year in respect of Part 1 of the Act, and again no special action has been necessary.

Inspection for purposes of provisions as to health.

(including inspections made by Sanitary Inspector).

Premises	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	7	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	84	41	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	4	—	—	—
TOTAL	98	48	—	—

CASES IN WHICH DEFECTS WERE FOUND (If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred :		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	..	..	--	--	--	--	--
Overcrowding	..	..	--	--	--	--	--
Unreasonable temperature	..	..	--	--	--	--	--
Inadequate ventilation	..	..	--	--	--	--	--
Ineffective drainage of floors		..	--	--	--	--	--	
Sanitary Conveniences :—								
Insufficient	..	..	I	I	--	--	--
Not separate for sexes	..	..	--	--	--	--	--
Unsuitable or defective	..	..	I	I	--	I	--
Other offences against the Act (not including offences relating to Outwork)	..	..	--	--	--	--	--
Total	..	..	2	2	--	I	--

OUTWORK.

Nature of Work	No. of Out- workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices Served	Prose- cutions
WEARING APPAREL :—						
Making, etc. ..	12	—	—	1	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	12	—	—	1	—	—

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	...	...	...	...	33
Further Enquiries	...	...	...	...	0
Disinfections	...	...	...	...	7
Schools Disinfected	...	...	...	...	0
Scabies Visits	...	...	...	...	0
Miscellaneous Visits	...	...	...	...	0

Milk and Dairies.

Inspections of Dairies	...	...	...	...	17
Milk Samples taken	...	...	...	...	0

Food and Drugs Inspections.

Meat Inspections	...	...	...	...	12
Bakehouses	...	...	...	...	2
Food Inspections...	...	...	...	...	44
Ice Cream Sampling	...	...	...	...	0
Water Sampling...	...	...	...	...	25

Housing.

Houses inspected and recorded	...	...	...	...	173
General Surveys	...	...	...	...	360
Public Health Act Inspections	...	...	...	...	874
Re-visits	...	...	...	...	958

Offensive Trades.

Inspection of Knackers' Yards	...	...	...	...	0
Inspection of Blood Boiling premises	...	...	...	...	0
Inspection of Fat Refining Premises	...	...	...	...	10

Sanitary Matters.

Inspections of Verminous Premises	...	...	...	...	325
Inspections for Rat infestations	...	...	...	...	368
Inspections of new drains	...	...	...	...	184
Smoke Observations	...	...	...	...	41
Inspections re Refuse Removal and Disposal	...	...	...	...	549
Factories and Workshops	...	...	...	...	48
Tents, Vans and Sheds	...	...	...	...	27

Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	...	...	173
Number of Statutory Notices (Sect. 17 of the Housing Act, 1936)	...	...	...	...	0
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)	...	...	...	...	139

ANNUAL REPORT

OF THE

SENIOR SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT

for the Year 1953.

*Health Department,
Civic Buildings,
Rothwell.*

*To the Chairman and Members of the
Rothwell Urban District Council.*

Ladies and Gentlemen,

I now beg to submit for your information and consideration my 22nd Annual Report on the work of the Health and Cleansing Departments. The year has not been in any way exceptional but with the easing of regulations and restrictions there has been an opportunity to do more and better work.

HOUSING.

Although there has not been any Slum Clearance during the year one felt that the time was not far distant when this work would be actively in hand again and the continued erection of houses both privately and by this Authority must go far to ease the problem of overcrowding in good class houses, so that sooner or later we will be left with only the slums to deal with. Writing this as I do in the early part of the following year, I have the advantage of knowing what has already transpired and the passing of the Housing (Rent and Repairs) Act will no longer be news to you. It may be that by the time this is in your hands the Council may have embarked on one or two Slum Clearance schemes, but that is information for a later report.

During 1953, we were concerned with obtaining as many houses to accommodate the displaced tenants of individual unfit dwellings as possible and it becomes more and more

apparent that the 15% which the Health Department are granted of the total lettings is by no means adequate for all the calls which are made upon it. To include eviction, priority rehousing on Medical or other grounds, together with individual unfit houses in a 15% allocation of 116 is absurd and if in our Department we were to represent all the houses which our professional knowledge tells us we ought to do it would provide a waiting list from which the chances of obtaining a house would be extremely remote. Whether the fault is in the percentage or in the number of houses we are permitted to build is a debatable point but the result is entirely inadequate.

The Housing (Rent and Repairs) Bill provides that certain increases in the rents of privately owned houses can be made if certain prescribed actions have taken place, in the past years. Observations I have heard coupled with my own reading of the Bill and certain calculations made, lead me to think it will not be a very great help to private owners, but if it reduces to some extent the gap between private house rents and those charged for Council houses it may do something to remedy the lopsided effect caused by the present low rents of Private Houses and the ever increasing rents of Council Houses, and may prevent the slight drift away from Council Houses which was becoming apparent and which was due to that difference. It must be an awful problem to a family moving to a Council House when, in addition to the extra costs involved in furnishings and furniture which the new house warrants, they have the added weekly increase in rent which jumps from below 10/- a week to the region of 25/- or more; because the weekly wage does not rise commensurately.

I cannot see personally that there is any likelihood of rents being materially reduced unless there is a general reduction in costs all round which would mean a reduction also in wages when the same discrepancy would exist.

The new housing site about which I spoke in my last Report was almost completed during the year under review, and in the same period the roads and sewers were laid out on another site not far from the above which will at first provide for some 250 houses, with room for later erection of an equal number. The Council are to be congratulated on

their wise choice of sites in the immediate vicinity of centres already well populated where they will do much to develop the Urban side of our area. It is my hope that when Slum Clearance is actively commenced the areas first to be dealt with will be at places where redevelopment can take place once clearance has been completed. The advantage would be two-fold ; in the first place it must be cheaper to build in the vicinity of streets which contain all the essential services and in that way make some reduction in the unit cost per house, and secondly it will prevent the possibility of partially cleared sites which are undeveloped remaining and whose appearance of abject dereliction is only equalled by the areas up and down the country which were the result of enemy action.

Adequately to fulfil our desires in regard to Slum Clearance it is obvious that there must be available the counterpart of Slum Clearance—new houses. It is essential, indeed, more than that it is a statutory requirement, that the Council in embarking upon a Slum Clearance scheme must be satisfied that “in so far as suitable accommodation—does not already exist, the authority can provide or secure the provision of, such accommodation in advance of displacements which will from time to time become necessary.” This in the good old days before the second world war meant to decide the number of houses required and arrange for their erection, but post war we are only allowed to build the number of houses for which the Ministry see fit to grant permission.

The Slum Clearance policy of this Council will therefore under the present arrangements be primarily regulated by the number of houses which the Ministry permit us to build.

The fascination of future Slum Clearance schemes, attractive though they are, have not beguiled us from the less glamorous duty of requiring the day to day repair of those houses which form the majority of the dwellings of this area and which are normal houses.

It is my opinion that unless we keep up to date as far as possible with the normal repair of houses of this type we will reproduce slums as fast if not faster than we can demolish them.

In statistical form I am able to tell you that during the year 1,047 houses were inspected for housing defects under

Public Health or Housing Acts and for this purpose 2,365 inspections were made. Arising from these inspections 16 houses were considered to be so dangerous or injurious as to be unfit for Human Habitation, 86 were rendered fit by informal action and statutory powers were sought in 165 cases, in one instance it being necessary to do the work in default of the owner. 99 of this total had the defects remedied during the currency of the year. As I have commented before the number of statutory notices grows year by year and should be taken as an indication of the reluctance of the owners to meet the day to day needs of their property, a reluctance brought about in many cases by lack of funds.

At the end of this Report are included details of our work, broken down into various headings. In the report of the Medical Officer of Health which precedes this, there are also many statistics relative to housing and I do not propose therefore to reproduce them here. Their scrutiny and study I am sure will be worth while and well repay the time taken.

Another phase of our work which has not previously been mentioned here is the inspection of houses when applications are made to the Council for financial advances under the Small Dwelling Acquisition Acts which provide that a Council may lend money to a person for the purpose of buying his own house. The houses are inspected and valued by the Surveyor's Staff who base their findings more on superficial area rather than the quality of the house but an arrangement has come into being in past years whereby we are asked to inspect and report on the present condition and possible life of the property in question, which is as it should be seeing that our Department is likely to know more of the possible fate of the houses and certainly more of housing defects than anyone else employed by this Authority.

There is a danger that loans may be made guided by the urgency of the application more than impartial consideration of the condition of the house and it must never be overlooked that the house which forms the subject for the mortgage is the only security the Council have and unless this is sound, with a life of a considerable number of years longer than the mortgage period, it is poor security on which to advance public money.

NUISANCES.

During 1953 a total of 327 complaints were received and arising from these complaints, 1,832 inspections were made for nuisances only. As is usual, some of the complaints and the subsequent inspections were made in regard to stopped and defective drains, but many were complaints arising from house occupation.

We still provide a free drain cleansing service and although we suffer from misuse and lack of appreciation which a free service engenders, it is still in my opinion the cheapest way of dealing with such problems. In dealing with the other nuisances 513 informal and 238 legal notices were issued, which figures included a carry over from 1952 of 112 informal and 57 legal notices and of this combined total 482 informal and 139 statutory notices were abated during the currency of the year leaving outstanding a balance of 71 and 34 respectively.

CARAVANS.

The shortage of housing accommodation has led many people to use caravans as permanent homes and in this area, in common with others, we receive applications from time to time for licences to permit the stay of these erstwhile mobile dwellings in a state of semi-permanence. The Public Health Law provides that a Local Authority acting administratively may grant or refuse applications, from the occupier of the caravan or the occupier of the land on which the caravan is to be stationed, for licences permitting such occupation but they act in a Public Health capacity and cannot, as has been proved by High Court decisions, have regard to matters which are not directly connected with Public Health; but an applicant who is aggrieved by their decision has a right of appeal to a court of summary jurisdiction where the magistrates decide the matter judicially. Town Planning Law controls the siting and stay of these itinerant homes having regard only to amenity.

Amidst this mass of conflicting legislation the Health Committee have from time to time to make decisions which could lead to expensive litigation but I am glad to be able to tell you that so far they have steered a course which whilst avoiding the shoals of indiscriminate permission has kept us clear of the rocks of appeal. My own opinion is that caravans being vehicles of mobility should always be on the move as

once they are sited with an idea of permanence the need for a caravan is gone and it would be I think easier, cheaper and certainly more commodious and hygienic to erect a chalet type bungalow. Why they should be built to conform with Highway Traffic Regulations as regards maximum width and mounted on spring chasses and pneumatic tyred wheels when their greatest journey is from the factory to the site I do not know unless it is that the wheels convey them more readily in and around the various legal obstacles.

I have advised the Committee, and they have so far accepted my advice, that the most constructive control is to grant short term licences imposing reasonable conditions. If neglect of these conditions or occupation of the caravan creates a public Health nuisance there are then good grounds for refusing further licences. I think that to refuse licences automatically because we do not favour such dwellings in our district is asking for appeals which could well be decided against us.

There is an embryonic idea within the Health Committee to create a Council owned and controlled camping site which would certainly help the problem because the Council could then refuse indiscriminate licences but offer accommodation on their own ground. Whether this would be a complete solution I do not know because there are those true disciples of caravanning who would not of choice use a recognised camping ground but prefer to sojourn alone in some sylvan glade and who might well object to the regimentation which an organised ground could well produce.

REFUSE COLLECTION AND DISPOSAL.

We still continue to perform this very essential duty with regularity and cleanliness and the fact that we have not during the year a recorded complaint against the efficiency of the service is in itself a testimonial to the quality of the work. The Public expect a prompt collection under all circumstances regardless of the fact that many of them do not play their part by making sure that their refuse and its storage prior to collection is all that it should be and it is often those people who neglect their own duties who are the most prone to complain of any seeming neglect of ours. The men do occasionally refuse to remove material which is obviously not house refuse or which by its weight or bulk is impossible to load but they are very tolerant of small amounts

of material which could properly be excluded. When they do refuse, complaint is made through the foreman to this office and every case is investigated so that if the tenant is at fault (as is often the case) the necessity for such refusal can be explained to him and his future co-operation sought. In April, 1953, we took delivery of a new refuse vehicle, a 10 c. yd. Karrier Gamecock which replaced one of our older and smaller machines and had the additional feature of a loaders' cab, which is something new so far as refuse removal in this district is concerned. The new vehicle covers a larger area than did its predecessor and the additional help makes possible the maintenance of a seven day emptying of dustbins with the same number of machines throughout the year, in spite of the increase in houses; in fact it has been possible on most occasions to get finished on Friday in time to wash down the vehicles, and for the first time in my experience at the Christmas Holidays the teams completed the collection service on schedule without overtime or the use of hired labour.

The men continue to be provided with overalls of a Boiler suit type which in addition to the primary purpose of dust protection provides a degree of uniformity which though not essential is desirable.

Refuse disposal continues to be by means of controlled tipping and the work of raising the level of the central Park at Rothwell was completed during 1953. By arrangement with the Regional Hospital Board similar land adjacent to the Park which had been derelict and waterlogged for many years is now being used for tipping and the benefits are two fold; we have a handy tip and are reclaiming otherwise useless land.

Salvage of paper is continued, although we do not at the present reclaim tins from the tip face.

The requirement that Food Scraps should be collected was removed in December of 1953 and I for one was very glad to see the end of it.

Readers of my previous reports will have appreciated that in these rural type districts there is very little need for organised collections and I have not noticed that there has been any demand for its return.

During the year 5,186 motor loads were collected and tipped; control on the tip is made easier by the fact that we still receive a considerable amount of casting sand from a local foundry and soil from the various building projects which from time to time occur in the area.

The cesspool and gully emptier continues to work satisfactorily and when the work of Cesspool Emptying is completed which occupies two weeks out of three, the rest of the time is devoted to street Gully Emptying.

The work of maintenance of vehicles has continued satisfactorily, hampered though we are by the lack of suitable premises, a condition which continued until early in 1954 when we moved into our new Repair Shop which I shall mention in a future report when its use has been tried and I hope proved.

Appended is a table giving the weights and values of materials salvaged.

1953		Tons.	Cwts.	Qrs.		£	s.	d.
Waste Paper	...	58	12	2	...	393	12	10
Food Scraps	...	16	6	0	...	64	7	6
Textiles	...	0	18	1	...	21	2	7
Total	...	75	16	3	...	£479	2	11

SEWERS AND DRAINS.

The Health Department still continue to be responsible for the inspection and testing of all new drains in addition to our normal work of inspection of relaid drains, and this work, particularly when new Housing Sites are in progress, absorbs much of our time.

Plans deposited are checked in my office before submission to the Building Committee as regards sufficiency of drainage and kindred matters. The visits and interviews with Architects and Building Contractors with regard to the lay-out of new sites is also time absorbing but we are glad to be consulted in advance of all drainage projects as it is much better to alter a paper scheme than to try to amend something which is half constructed.

The position at Methley becomes steadily worse and it seems problematical as to whether the completion of the new sewer which has now been approved or the collapse of the old sewer will occur first.

SANITARY ACCOMMODATION.

The work of converting privies and ashpits to water closets and bins continues but the peak demand has I think been passed. Most of the bigger areas which were previously

served by this out of date and unhygienic form of sanitary accommodation have been converted and there now only remain the odd groups of houses, small in number and often far removed from adequate drainage which still require to be dealt with. The position is just as acute for the individual householder but the nuisance problem is less acute when the houses in question have the "added advantage" of rural solitude. Through the year however 14 privies and 6 ash-pits serving 26 houses were abolished and 14 W.C's and 26 dustbins being provided in lieu.

MILK AND DAIRIES.

Licences to sell specially Designated Milk Foods under the Food and Drugs Act, 1938 are granted by this Authority and the following were issued during 1953.

Designation.	Type of Licence.			
	Dealers.		Supplementary.	
Tuberculin Tested				
(Pasteurised) Milk ...	3	...	2	
Tuberculin Tested Milk	8	...	3	
Pasteurised Milk ...	9	...	8	
Sterilized Milk ...	41	...	5	
	—	...	—	
Total ...	61	...	18	
	—	...	—	

The Milk sold throughout the district has been of good quality and no complaints were received regarding it. The Milk is in the main processed and bottled by the large milk bottling companies outside this area and either delivered by them in their retail vehicles or brought in bulk for the use of retailers resident within this area. It is a source of wonder to me to see the amount of milk in bottles left outside on the door step or windowsills for many hours each day by people who are apparently too indifferent to the ultimate quality of the milk to be bothered to go to the door and take it into the food store which we require that every house must have. Visiting houses as we do day by day it is apparent that many house holders use the milk bottle as the domestic milk jug and I am never quite certain whether it is better that it should remain in the bottle which one can be sure was clean and sterile inside before being filled, whatever its external state, or whether it should be poured out into a jug of doubtful cleanliness; but the sight of a milk bottle on

a table during a meal seems wrong although the objection I admit is aesthetic.

There are two premises registered as Dairies in this area where the Milk is actually handled. The rest of the premises are not regarded as Dairies under the Milk and Dairies Regulations, 1949 because the Milk is sold as received in sealed bottles.

MEAT AND FOOD INSPECTION.

The work of inspecting meat killed locally has been small, 11 visits being made to inspect 12 pigs, but the inspection of other foods, mostly tinned, has been continued and arising out of 12 inspections of various types of food made at shops and stores within the district a total weight of 652 lbs of food was condemned and destroyed. The bye-laws made under Section 15 of the Food and Drugs Act, 1938 are still in use but we have not had occasion to use them. The trend of opinion is leading towards cleaner goods and more hygienic premises but the hopes held by many of us that stringent legislation in the shape of a new Food Hygiene Act would shortly be forth-coming seem likely to remain as hopes, because at the time of writing this report the most we can expect is apparently a code of standards which food handlers are to be "encouraged" to use. I am all for education, encouragement and persuasion but it is the hard core of unconvertibles which need more than persuasion and it is unfortunate that more precision is not to be legally demanded. If the Public would object to such things as dirty crockery, cutlery and linen in Cafés and to dirty handling in Food Shops there would naturally be an improvement in hygiene because now that rationing of food stuffs generally is removed and the public can buy in an open market, they could, by refusing to trade at dirty shops, immediately produce the conditions which are so desirable. The question of food which is contaminated is something best reported to the Health Department for our action. In one case which came to our notice concerning a beetle in a tin of strawberries, proceedings were instituted and a penalty imposed by the Court. The publicity which such proceedings bring about points out to the manufacturers generally the necessity to maintain at all times the high standard of hygiene they claim to use. Complaints of this sort are rare and I think it is because there is a reluctance on the part of

the purchaser to report such occurrences, knowing the inevitable publicity which is bound to arise, rather than because there is no cause for complaint.

A complaint was received from the Headmaster of one School regarding illness believed to be caused to the children in his school by the sale of iced lollies from a neighbouring shop. The sale of these products had newly commenced and investigation showed that the only children affected out of a large number buying the lollies were those whose exuberance had overcome their discretion and who had bought and consumed such a large quantity that they were in the course of nature likely to be ill.

The number of premises where food of any description is sold is shown in the attached statement. By far the largest number are general shops which sell little bits of everything but the ones which it is possible to be classified are shown under separate headings :

General	...	58
Grocers	...	30
Butchers	...	17
Sweets	...	16
Green Grocers	...	14
Confectioners	...	4
Wet Fish	...	2

The premises registered under Section 14 of the Food and Drugs Act, 1938, are Ice Cream Premises 44, Fried Fish Shops 31, and premises where sausages or similar articles are prepared for sale 5.

WATER SUPPLY.

Although all the water which is consumed in this district comes from large water undertakings, the Council have continued the practice, set up in War time, of sampling the water every three months. Samples are taken at random points or at any place where complaint has been made relative to the water supply. In all 12 bacteriological and 17 chemical samples were taken during the year. 3 bacteriological samples were reported as unsatisfactory but these were in an area where a main had been opened and on recheck were found satisfactory.

PETROLEUM LICENSING AND STORAGE.

I continue to serve you as Petroleum Officer and during 1953 issued 48 licences to store 2,167,775 gallons of petrol.

The stores generally were maintained without trouble or danger, the only real defect being that of smoking in and around the premises when petrol is being dispensed. So far I have taken no more stringent action than warning the persons concerned, which serves the immediate purpose although I am bound to think that such occurrences take place when I am not there.

The increasing use of cellulose for painting and spraying generally has brought about a new phase in Petroleum Storage as certain grades of Cellulose use Petrol as a vehicle and the material therefore comes within the scope of the Petrol Regulations. It is possible that certain small concerns may use this material without our knowledge but where it is found on inspection or we are advised of such use by the Factory Inspector we issue a special licence or include it in an existing one after making certain that all the conditions which are required by law have been observed.

DISINFECTION AND DISINFESTATION.

The arrangement with the Housing Department by which we inspect and certify all houses and incoming tenants at the time of changes of tenancy still continues and we also inspect as routine, or on request or complaint any premises for vermin. In all 77 inspections were made and 17 premises which were found to be infested were treated. This inspection work is now carried out by most Local Authorities and from time to time we receive requests from other Authorities regarding the condition of residents in this area, who are to be re-housed elsewhere. This arrangement is reciprocal and has done much to prevent the spreading of vermin by such means.

SHOPS ACT, 1950.

During the year 27 inspections were made under the Shops Act for the purpose of Health and Hygiene and 101 to see the closing hours generally were being observed but no offences were noted. The majority of shops in this area are household where domestic sanitary arrangements are available and the lock-up shops are well served with such requirements. Most of the shops close long before the permitted time and I do not think that there are any serious offences against this enactment.

SMOKE ABATEMENT.

71 visits and observations were made during the year with regard to smoke and at one Colliery where contravention of the bye-laws was noted the co-operation of the Manager was obtained and the technical staff of the Coal Board remedied the defects causing the trouble which provided a cleaner atmosphere and economic advantage to the Colliery. I have represented the Council in the West Riding of Yorkshire Regional Smoke Abatement Committee and the National Smoke Abatement Society throughout the year.

PUBLIC CONVENIENCES.

As I forecast in my last report, painting externally and internally, was carried out at the conveniences during the year which at once improved the appearance and preserved the structure. Damage and interference to the locks still continues and there seems to be no way of preventing or apprehending those people who apparently take a delight in damaging Public property. If it were not for the misuse of the conveniences which I am sure would occur, I would recommend the Council to remove the locks altogether, because the cost of repairs and collection of the money equals the amount of money which we receive.

PUBLIC MORTUARY.

This building which is situated in the Council yard and now serves the whole of the district has been maintained and used satisfactorily throughout the year. The structure is deteriorating due to subsidence or other cause and it will not be long before works of repair will need to be undertaken.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

368 Inspections were made during the year, 31 infestations being discovered and dealt with in the usual way. More use is being made of the latest type of poison (Warfarin) which is less dangerous to use but is equally efficient in its results, although more visits are needed when it is used.

In May, 1953 at the request of the Rodent Department of the Ministry of Agriculture and Fisheries a sewer baiting test was carried out to discover the presence, if any, of rats in the sewers. The Ministry will not be assured by me that because of the type and size of the sewers in this district generally infestations could hardly occur, and this test has served to satisfy them and confirm the opinion based on local knowledge.

STATISTICAL RECORD.

As has been the practice for several years now I append a statistical account of the work which we have done. Figures in themselves make dull reading but in conjunction with what I have already said a proper picture of our year's work will I hope be seen.

VISITS AND INSPECTIONS DURING 1953.

Bakehouses	...	...	2
Cesspools and Septic Tanks	...	...	8
Civil Defence	...	...	12
Dairies	...	...	17
Factories and Workshops	...	...	48
Food Examination	...	...	56
Food Premises	...	...	41
Food Hawkers	...	...	9
Hairdressers and Barbers	...	...	9
Inspections under Housing Acts	...	...	173
Inspections under Public Health Acts	...	...	874
Inspections for Vermin	...	...	325
Infectious Diseases :—			
Scarlet Fever	...	...	33
Mortuaries	...	...	5
Offensive Trades	...	...	10
Petroleum Storage	...	...	15
Pets Act	...	...	1
Plant Maintenance	...	...	112
Prevention of Damage by Pests Act	...	...	368
Public Cleansing Service	...	...	549
Public Conveniences	...	...	248
Re-inspections under Housing Acts	...	...	360
Re-inspections under Public Health Acts	...	...	958
Sanitary Conversions	...	...	140
Sewers and Drains Inspected	...	...	401
Sewers and Drains Tested	...	...	184
Shops Act	...	...	27
Shops Act (Hours of Closing)	...	...	101
Smoke Abatement	...	...	41
Tents, Vans and Sheds	...	...	27
Water Sampling	...	...	25
Total			5,179

SUMMARY OF WORKS CARRIED OUT.

Ceilings repaired or replastered	...	22
Walls repaired or replastered	...	45
Windows repaired or renewed	...	31
Doors repaired or renewed	...	5
Fireplaces repaired or renewed	...	37
Floors repaired or renewed	...	10
Sinks renewed	...	23
Sink waste pipes repaired or renewed	...	12
Washing Coppers renewed	...	3
Roofs repaired	...	35
Chimney stacks repaired	...	7
Eaves gutters repaired or renewed	...	25
Exterior walls repaired or repointed	...	29
Rainwater pipes repaired or renewed	...	19
Water services repaired or renewed	...	3
Paving repaired or relaid	...	1
Drains cleared from obstruction	...	332
Sink waste pipes cleared	...	1
Drains repaired or renewed	...	31
Water closets repaired	...	67
Privy middens and ashpits repaired	...	1
Sanitary Pails renewed	...	2
Sanitary Conversions	...	14
Defective dustbins renewed	...	311
Dustbins supplied in default	...	5

MEAT AND FOOD INSPECTIONS.

Pigs inspected (Private Slaughter)	...	10
Food Condemned:—		
Various tinned food	...	604 lbs.
Fresh Pork	...	12 „
Dried Egg	...	28 „
Frozen whole egg	...	32 „

STAFF.

There were no changes in the inspectoral staff during the year. The staff consisted of Mr. Idle, Mr. Manson and myself but the female clerical assistant left in August and in accordance with the practice set up by the Council the junior clerk was transferred from the telephone exchange. This system of upgrading staff is excellent so far as the staff are concerned but in an office such as ours where we employ

only one clerk, it is of serious import and when as has happened in the past few years there have been several changes it has meant that a considerable amount of the inspectors' time is taken up in instructing and helping new staff. This is a grave misdirection of employment and could lead to discontent amongst staff who have been trained for and desire other than clerical work. The time will shortly come when I will need to ask for more clerical assistance as the clerical work arising from the outside work of three inspectors, the details of the Repair Shop which now caters for all the Council's vehicles, and the wages and haulage details of the Cleansing Department is more than one clerk can undertake.

Again Mr. Chairman and Members I conclude my Annual account of the work of the Department and in doing so would tender to you my appreciation for the way in which you have co-operated in the work which I have to do. To the senior officers of the Council, particularly to the Medical Officer of Health and to my staff, I would again record my grateful thanks for the help, advice, and assistance, which is always so generously given.

I am, Mr. Chairman and Members,

Your obedient Servant,

THOS. WILSON,

Sanitary Inspector.

